County of Los Angeles Public Health

THE PUBLIC'S HEALTH

Newsletter for Medical Professionals in Los Angeles County

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Important Changes in Reportable Diseases

Several changes have been made recently to the California Code of Regulations, Title 17, Section 2500, the official list of legally reportable diseases and conditions in California. Only those changes directed at healthcare providers are highlighted here.

Newly Reportable Diseases

- Avian influenza (human)
- Creutzfeldt-Jakob disease (CJD) and other transmissible spongiform encephalopathies (TSE)

Expanded Reporting Requirements

- Cysticercosis or taeniasis (both the larval and tapeworm stages of *Taenia solium* are now reportable)
- Escherichia coli: all shiga toxin producing (STEC), not only E. coli 0157, are now reportable.

No Longer Reportable

- Anisakiasis
- Echinococcosis (Hydatid Disease)
- Lymphocytic Choriomeningitis
- Non-Gonococcal Urethritis (excluding lab-confirmed Chlamydial infections, which remain reportable)
- Reye Syndrome

For questions about reporting or to request additional posters, please call Acute Communicable Disease Control (213-240-7941).

State Sets New Standards to Prevent Hospital-Acquired Infections

Healthcare facilities nationwide have seen a steady increase in the risk of healthcare - associated infections (HAI) during recent decades. Each year, HAI affect two million patients and account for 88,000 deaths nationally. In California, conservative estimates indicate that approximately 240,000 hospital patients each year develop HAI, resulting in an estimated excess cost of $3.1 billion.

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Infections associated with catheters, blood stream infections associated with central venous lines, pneumonia associated with the use of ventilators, and surgical site infections account for more than 80% of all HAI.

A significant percentage of HAI cases can be eliminated with intensive programs for HAI surveillance and prevention. Last September, a new bill was passed by the state legislature (Senate Bill 739) that directs hospitals to evaluate and augment existing hospital infection control programs and implement new standards to prevent HAI. These new standards are largely based on recommendations established by the CDC's Healthcare Infection Control Practices Advisory Committee (HICPAC). The bill was introduced by Jackie Speier and went into effect July 1, 2007. Requirements include:

By July 1, 2007 hospitals must

- Offer annual free onsite flu vaccinations to all employees
- Institute respiratory hygiene and cough etiquette protocols (for patients, staff, and visitors)
- Use procedures for the isolation of patients with the flu
- Adopt a seasonal flu plan
- Revise an existing or develop a new disaster plan to include a pandemic flu component, documenting any actual or recommended collaboration with local, regional, and state public health agencies or officials

By January 1, 2008 hospitals must

- Pursue evaluation of the judicious use of antibiotics
- Report annually to the California Department of Public Health (CDPH) on their implementation of specific infection surveillance and infection prevention process measures
- Submit data on implemented process measures to CDC's National Healthcare Safety Network or other valid national surveillance system recommended by CDC

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New Hepatitis A Vaccination Recommendations:

The Centers for Disease Control and Prevention (CDC) recommends hepatitis A vaccination for the following persons:

Children:

- All children aged 1 year (i.e., aged 12-23 months)
- Children aged 2–18 years in states with existing hepatitis A vaccination programs (this includes California) as these states have historically higher rates of hepatitis A infection

Adults:

- Persons with chronic liver disease
- Persons receiving clotting factor concentrates
- Men who have sex with men
- Persons who use illegal drugs
- Persons working with hepatitis A virus (HAV)—infected primates or with HAV in a research laboratory setting
- Persons traveling to or working in countries that have high or intermediate endemicity of hepatitis A (a list of countries is available at www.cdc.gov/travel/diseases.htm)
- Any person who would like to obtain immunity

The Los Angeles County Department of Public Health also recommends that all adults living in the County receive the hepatitis A vaccine, if not already immune, as a preventive measure. Vaccinating all adults will not only protect persons in high-risk groups but others who may be exposed to the virus. In 2006, 60% of the reported hepatitis A cases in Los Angeles County had no known risk factors for infection.

For more information about hepatitis A in Los Angeles County, please visit our website: http://lapublichealth.org/acd/

Anything suspicious warrants an immediate call to ACDC (213-240-7941)

Since primary healthcare providers are frequently the first to recognize unusual occurrences or patterns of disease, they will probably be the first to observe bioterrorist-associated illness. As such, healthcare professionals should be aware of and report all unusual occurrences or patterns of disease such as:

- a serious, unexpected, unexplained acute illness with atypical host characteristics (i.e., young patient, immunologically intact, no underlying illness or recent travel or other exposure or potential source of infection);
- multiple similarly presenting cases—especially if these are geographically associated or closely clustered in time;
- an increase in a common syndrome occurring out of season (i.e., influenza-like illness in the summer).

Timely Reporting of Enteric Diseases:
What Every Health Care Provider Should Know

Communicable disease reporting is the foundation of public health surveillance and disease control. Prompt reporting allows local Public Health to take action to interrupt disease transmission, locate and administer prophylaxis and/or treat exposed contacts, identify and contain outbreaks, ensure effective treatment, educate and follow-up cases, and alert the healthcare community as needed. Since physicians are often the first to recognize clusters of disease in the communities they serve, their timely reports can make an important difference in disease control. In light of the food - related hepatitis A cases in Los Angeles County, the nationwide *E. coli* O157:H7 spinach outbreak and the more recent *E. coli* O157:H7 outbreak associated with Taco Bell restaurants, provider diagnosis and timely reporting can help us identify potential outbreaks and institute control measures to quickly end an outbreak. Control measures may include the closure of a restaurant or removal of a product that is suspected to be a source of infection. Similarly, contagious ill persons can be removed from sensitive activity that places the public health at risk (e.g., temporary removal from daycare, food preparation at a commercial facility, or work in a healthcare environment). The earlier Public Health is notified, the sooner these actions can be implemented.

If a physician suspects that a patient's illness was food-related, this may be reported to Public Health by submitting a Foodborne Illness Report (1-888-397-3993). If a commercial establishment is the suspected source, an inspector from the Los Angeles County Environmental Health's Food and Milk Program investigates the location. The purpose is to prevent future illnesses in the community—and ultimately, to determine if and how the food became contaminated, correct any immediate problems found, cite any other violations and require their rectification. Foodborne illness reports are carefully monitored to identify possible clusters of illness related to common exposures.

Outbreak investigations

Many outbreak investigations demonstrate how critical the contributions of primary care providers can be in the protection of the public's health. For instance, an investigation of an outbreak of salmonellosis in 2006 originated with a prompt report from a medical provider. In this situation, the appropriate assessment, testing and reporting of patients with salmonellosis-as required by law-resulted in expeditious investigation and intervention to prevent further spread of the outbreak. The Salmonella isolate was serotyped in the PHL and turned out to be a rare serotype. Epidemiologic investigation revealed exposure of the index case's family to untreated reptile skins.

In contrast, an inquiry about a potential cluster of shigellosis cases in a Los Angeles religious community triggered an investigation in 2002. During the investigation, family members reported knowing other families with similar illness—this resulted in the identification of many additional confirmed cases that had not been reported by their physicians or the laboratory. Ultimately, 22 cases were linked to this outbreak. The timely reporting of the earliest cases could have allowed for intervention to prevent further transmission.

The roles of medical providers and Public Health

Collaboration between medical providers and Public Health is necessary for the identification and containment of enteric diseases (Table 1). For instance, beyond the timely reporting of cases, physicians should advise patients that public health personnel might contact them—though this extensive follow-up is not always needed (Table 2). All information is kept confidential and may be conducted by home visit or by phone by a Public Health Nurse or other Public Health personnel. If the patient or members of their family hold a sensitive occupation or participate in sensitive situations (SOS), follow up may require additional intervention and clearance. Examples of SOS include: attending daycare or preschool, preparing food (especially in commercial environments), and caring for patients, the elderly or small children. Clearance of SOS cases by microbiological culture is mandated by law for amebiasis, salmonellosis, shigellosis and typhoid fever. Mandated clearance for typhoid fever and carriers is more comprehensive and is not limited to SOS. **Specimen cultures to determine clearance for all of these diseases must be performed by an approved public health laboratory. Cultures done by private laboratories are NOT acceptable for the purpose of clearance.** For other diseases such as hepatitis A, *E.coli* O157 infection, giardiasis, cryptosporidiosis and cyclosporidiosis, the local health officer determines conditions for clearance on a case-by-case basis.

Community laboratories are mandated to submit isolates of Salmonella, *E.coli* O157:H7 or Shiga toxin-producing *E.coli*, *Vibrio* and *Listeria monocytogenes* to the LAC Public Health

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Reporting of Enteric Diseases...Continued from page 3

Laboratory (PHL). The PHL confirms the identification of these organisms, performs serotyping and also may perform pulsed field gel electrophoresis (PFGE) on designated organisms (Table 2). Results are compared to determine local clusters based on indistinguishable DNA patterns. PFGE patterns for *E.coli* O157:H7, *Listeria monocytogenes*, *S. typhi* and *Salmonella* serotypes are also shared with CDC and other states and local health departments as part of national disease surveillance.

Epidemiology and education

In addition to disease control activities, the information obtained through disease reporting is used to monitor disease trends, identify high-risk groups, allocate resources, develop policy, design prevention programs, and support applications for grant funding. Acute Communicable Disease Control (ACDC) publishes findings including local rates of enteric diseases and special investigations in our Annual Morbidity Report available at: www.lapublichealth.org/acd/reports.htm. Locally and nationwide, enteric disease rates have been declining steadily over the last 10 years. Although there are numerous factors that have contributed to this decline, surveillance remains a vital part of control for these diseases, and protection of the public health depends on reports from medical providers and laboratories. Physicians are the first to know what is happening in the community, and without their collaboration, the system cannot function at its optimal level.

Roshan Reporter, MD
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Acute Communicable Disease Control

Table 1: The Roles and Responsibilities of Physicians and Public Health Regarding Enteric Diseases

	Role of Physician	Role of Public Health
For illness and outbreak identification…	Obtain history and examine the patient; Test specimens; Report positive results.	Enact surveillance; Identify illness clusters; Contact patients to obtain further information.
For patient education, compliance and disease control …	Counsel patient regarding diagnosis; Prescribe treatment if warranted; Provide patient education; Inform patient that Public Health may contact him or her for follow-up.	Plan and implement control measures; Assess patient treatment compliance; Reinforce patient education with an emphasis on disease prevention; Assess for SOS** and the need for additional intervention of case and/or contacts.
For case clearance…	Collaborate with Public Health on clearance process as needed; Counsel patient; Reinforce public health concepts.	Collect specimens for culture by Public Health Lab as indicated for clearance of specific disease.

Table 2: The Process for Enteric Disease Follow-up

Disease	Public Health Contact?	Clearance?	Subtype Isolates
Salmonellosis	yes, Nurse	yes, for SOS	yes
Shigellosis	yes, Nurse	yes, for SOS	yes, selected isolates
Typhoid Fever/Carriers	yes, Nurse	yes, for cases and contacts	yes
Campylobacteriosis	yes, Nurse	as needed	yes, selected isolates
E.coli O157:H7	yes, Nurse	as needed	yes
Cryptosporidiosis	no	as needed	no
Amebiasis	yes, Nurse	yes	no
Giardiasis	yes, Nurse	as needed	no
Hepatitis A	yes, Nurse	no	no
Vibriosis	yes, ACDC*	no	yes, selected isolates
Listeriosis	yes, ACDC*	no	yes

* Acute Communicable Disease Control
** Sensitive occupation or participation in sensitive situations

Reporting Selected Non-communicable Diseases and Conditions

In addition to the mandated reporting of communicable diseases, there are several non-communicable diseases and conditions that healthcare professionals are also required to report. These include disorders characterized by lapses of consciousness (such as Alzheimer's disease) and pesticide-related illnesses.

Reporting lapses of consciousness

Individuals with conditions that involve lapses of consciousness can pose tremendous risk to both themselves and others should they operate a motor vehicle. Accordingly, it is the responsibility of all healthcare professionals to notify the health department of cases of lapses of consciousness within seven days of diagnosis if they are aware that these cases might present a threat if they operate a motor vehicle [California Code of Regulations (CCR) § 2806]. The preferred method for reporting these cases is by standard Los Angeles County Confidential Morbidity Report available at: http://lapublichealth.org/reports/diseasepluscmr.pdf. Reports are forwarded to the California Department of Motor Vehicles Driver's Safety Office, which investigates to determine if the patient's license to drive should be restricted or revoked.

Disorders characterized by lapses of consciousness are medical conditions that involve:

(1) a loss of consciousness or a marked reduction of alertness or responsiveness to external stimuli;

(2) the inability to perform one or more activities of daily living (e.g., driving); and

(3) the impairment of sensory or motor functions used to operate a motor vehicle.

Examples of medical conditions that may require reporting include: Alzheimer's disease and related disorders, seizure disorders, brain tumors, narcolepsy, sleep apnea, and abnormal metabolic states (e.g., hypo- and hyperglycemia associated with diabetes). Impaired sensory motor functions are defined as the inability to integrate seeing, hearing, smelling, feeling, and reacting with physical movement, such as depressing the brake pedal of a car (CCR § 2808).

Since the purpose of reporting is to note driving impairment, cases are limited to patients 14 years of age or older (CCR § 2810). Other reporting exemptions (CCR § 2812) include:

(1) the patient's sensory motor functions are impaired to the extent that the patient is unable to ever operate a motor vehicle, or

(2) the patient does not drive and never intends to drive, or

(3) the healthcare provider has reported the patient's diagnosis previously, or the patient's records indicate that the diagnosis was reported previously, and since that report, the provider believes the patient has not operated a motor vehicle.

Reporting pesticide-related illnesses

The California Office of Environmental Health Hazard Assessment (OEHHA) receives and oversees reports of illnesses that are believed to be associated with pesticides. These reports allow for the evaluation and potential elimination of some of these hazardous substances. According to California Health and Safety Code (§ 105200), any physician or surgeon who knows, or has reasonable cause to believe, that a patient is suffering from pesticide poisoning, or any disease or condition caused by a pesticide, is required to report this within 24 hours to the local health officer.

The "Pesticide Illness Report" is available at: www.oehha.ca.gov/pesticides/pdf/PIR_99.pdf. For occupational cases of pesticide-related illnesses, physicians are also required within seven days to send a copy of the "Doctor's First Report of Occupational Injury or Illness" to the local health officer and to the State Department of Industrial Relations. The form for these reports and mailing address (State Division of Labor Statistics) are available at: www.oehha.ca.gov/pesticides/pdf/dlsrform5021.pdf.

Pesticide-related Illnesses May Mask Bioterrorist Activity

With the continuing threat of bioterrorist activity, healthcare providers need to be alert in identifying chemically induced illnesses since it is possible that such illness may be actually caused by a deliberate act of chemical terrorism. The diagnosis of a nerve agent poisoned casualty must be made clinically on the basis of the presenting signs and symptoms (e.g., sudden loss of consciousness, seizures, apnea, and death) since there is usually no time for laboratory confirmation. The occurrence of more than one case of apparent pesticide poisoning or a single case resulting from suspicious or unusual circumstances (i.e., poisoning without a known chemical exposure event) should prompt investigation for a possible criminal event.

If you suspect an illness is due to nerve agents or any bioterrorist-associated cause, immediately call the Toxics Epidemiology Program (213-738-3220) or the on-call medical toxicologist (213-974-1234).

For more information about nerve agents and bioterrorism preparedness, visit the CDC web site at: www.bt.cdc.gov/agent/agentlistchem-category.asp#nerve

Sadina Reynaldo, PhD
Public Health Emergency Preparedness and Response

Reporting Cases of Vaccine-Preventable Diseases to the Health Department

The Health Department plays a vital role in controlling the spread of vaccine-preventable diseases in the community. Timely reporting to the Health Department of suspected and confirmed cases is critically important for our control measures and is legally required of every health care provider. The confidentiality of patient information is protected by law.

DISEASE	REPORTING PROCEDURE
Diphtheria	Report immediately to Acute Communicable Disease Control (ACDC) by phone (213) 240-7941. After-hours, report to (213) 974-1234 for release of anti-toxin.
Haemophilus influenzae, invasive disease (report cases <15 years of age) Hepatitis A Measles (Rubeola) Pertussis (Whooping cough) Poliomyelitis, paralytic Rubella (German measles) Rubella syndrome, congenital Varicella (Chickenpox) (only hospitalizations and deaths)	Report by mail, phone, or fax within 1 working day of identification of the case or suspected case. The Immunization Program requests an immediate phone call for measles and rubella cases and suspects, and varicella hospitalizations and deaths to (213) 351-7800. After-hours, please call (213) 974-1234.
Hepatitis B (specify acute or chronic case) Influenza deaths (report cases <18 years of age) Mumps Pneumococcal, invasive disease* Tetanus	Report by mail, phone, or fax within 7 calendar days of identification of the case or suspected case. After-hours, please call (213) 974-1234.
Outbreaks of any disease	Report immediately to the Communicable Disease Reporting System by phone (888) 397-3993 Report varicella outbreaks (routinely 5 or more cases, but 2 or more cases in sensitive settings) to the Immunization Program at (213) 351-7800. After-hours, please call (213) 974-1234

*Required in Los Angeles County. Use the IPD report form available at http://lapublichealth.org/acd/EpiForms/New_3_29_05/InvasPneumoForm.pdf.

Where and how do I report these diseases?

The Confidential Morbidity Report (CMR) form is available from any local health center registrar, from the Morbidity Central Reporting Unit (MCRU), or from the Department of Public Health web site at www.lapublichealth.org/acd/reports/acdcmr.pdf.
Cases can be reported to the Communicable Disease Reporting System (CDRS) by telephone of fax.
Cases among residents of Long Beach or Pasadena should be reported to those city health departments.

Los Angeles County report to:

Communicable Disease Reporting System
Hotline: (888) 397-3993
Fax: (888) 397-3778

Morbidity Central Reporting Unit
Phone: (213) 240-7821
Mail: 313 N. Figueroa, Rm. 117
LA, CA 90010

For cases among residents of Long Beach and Pasadena:

Long Beach City Health Dept. Epidemiology
Phone: (562) 570-4302
Fax: (562) 570-4374
After hrs: (562) 435-6711

Pasadena City Health Dept. Public Health Nursing
Phone: (626) 744-6000
Fax: (626) 744-6115

For additional information about vaccine-preventable disease reporting:

Immunization Program Epidemiology Unit
Phone: (213) 351-7800
Fax: (213) 351-2782

Animal Cruelty and Human Violence

The relationship between human violence and animal cruelty is well documented. A history of animal cruelty can be a predictor of existing and future violence directed against people. Animal abuse can be defined as intentional distress, suffering, pain or death of an animal separate from food, hunting, or husbandry, and is being increasingly recognized as a marker for family violence.

Domestic Violence and Pets

Most women reporting domestic violence also reported that their partner had threatened, hurt or killed one or more of their pets, with actual harm occurring in over half of the cases. In 2002, a survey of animal cruelty cases by the Humane Society of the United States found that over 95% of the perpetrators of intentional animal cruelty were male. Adults were responsible for 76%, teenagers for 20%, and children for 4% of the cases.[1]

Additional relationships between animal abuse and human aggression are seen in the table below.

Animal Abuse and Human Violence[1]

- In surveys of women going to domestic violence safe houses, 46% to 71% reported that their partner had threatened, hurt, or killed one or more of their pets, and 7% to 32% reported that one or more of their children hurt or killed family pets.
- Cruelty to animals seems to be one of the earliest symptoms of conduct disorder in children.
- Some studies show that animal abuse is 88% higher in families where physical child abuse is present.
- Pets rarely survive past the age of 2 years in violent households because they are either killed, die from neglect, or run away.

Some human victims of abuse are reluctant to leave home because of the need to leave an animal behind with the abuser. The Humane Society's "Safe Haven" program lists veterinarians and other groups willing to provide emergency safe shelter for these victims' pets.

Spillover of Animal Abuse into Human Medicine Seen in Other Countries

An article published in the Australian Family Physician reported that animal cruelty is a significant problem for Australia and reviewed several good reasons why physicians should be concerned with it. For example, animal cruelty within the family setting is an important sentinel for domestic violence and should prompt an assessment for possible child abuse. [2]

A survey of Australian veterinarians was undertaken to assess their amount of knowledge about, and their attitudes towards, animal abuse, human violence and the link between the two. Results revealed the majority of veterinarians recognizing the link between human and animal abuse. Most veterinarians believed they should intervene in some way when confronted with either animal or human abuse, although most felt ill-equipped to deal with suspected human abuse.[3]

Much veterinarian's responsibilities to protect animals can be modeled on physicians' experience with child protection.[4]

Reporting of Animal Abuse Mandatory in California

California law of the Business and Professional Code requires reporting animal cruelty. Veterinarians have immunity associated with reporting suspected animal cruelty cases, similar to physicians reporting cases of child abuse.

Training in veterinary forensics is more common today as expertise is needed to analyze evidence from crime scenes, such as, animal cruelty investigations. The Los Angeles City Animal Cruelty Task Force's first felony conviction was in 2005 of an adult man who placed his puppy in a bathtub of scalding water and then used a tazer gun to zap the dog because he wanted to hurt his girlfriend.

C. Patrick Ryan, DVM, MPH
Veterinary Public Health and Rabies Control, Disease Control Programs

References

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2. Sherley M: Why doctors should care about animal cruelty. Australian Family Physician 2007 Jan-Feb;36(1-2): 61-63

3. Green PC Gullone E: Knowledge and attitudes of Australian veterinarians to animal abuse and human interpersonal violence. Australian Veterinary Journal 2005 October; 83(10): 619-25

4. Arkow P. The Veterinarian's Roles in Preventing Family Violence: The Experience of the Human Medical Profession. Available at: www.animaltherapy.net/Vets-abuse.html

Pandemic Flu Updates *Available Now*

Enroll now to receive Pandemic Flu and You (see next page): a free monthly newsletter, delivered via e-mail, providing summaries on the latest in pandemic influenza information and related activities in Los Angeles County. By registering you will also receive *Influenza Watch* providing weekly updates on seasonal influenza levels in our county during influenza season. To register, email: fluwatch@listserv.ladhs.org

Fluoroquinolones No Longer Recommended for Treatment of Gonococcal Infections

BOX. Updated recommended treatment regimens for gonococcal infections and associated conditions — United States, April 2007

Uncomplicated Gonococcal Infections of the Cervix, Urethra, and Rectum*

Recommended Regimens

Ceftriaxone 125 mg in a single intramuscular (IM) dose

OR

Cefixime† 400 mg in a single oral dose

PLUS

TREATMENT FOR CHLAMYDIA IF CHLAMYDIAL INFECTION IS NOT RULED OUT

Alternative Regimens

Spectinomycin† 2 g in a single IM dose

OR

Cephalosporin single-dose regimens§

Uncomplicated Gonococcal Infections of the Pharynx*

Recommended Regimens

Ceftriaxone 125 mg in a single IM dose

PLUS

TREATMENT FOR CHLAMYDIA IF CHLAMYDIAL INFECTION IS NOT RULED OUT

Disseminated Gonococcal Infection

Updated treatment regimens available at http://www.cdc.gov/std/treatment.

Pelvic Inflammatory Disease

Updated treatment regimens available at http://www.cdc.gov/std/treatment.

Epididymitis

Updated treatment regimens available at http://www.cdc.gov/std/treatment.

* For all adult and adolescent patients, regardless of travel history or sexual behavior. Information regarding management of these infections in patients with documented severe allergic reactions to penicillins or cephalosporins is available at http://www.cdc.gov/std/treatment.
† Not available in the United States.
§ Other single-dose cephalosporin regimens that are considered alternative treatment regimens against uncomplicated urogenital and anorectal gonococcal infections include ceftizoxime 500 mg IM; or cefoxitin 2 g IM, administered with probenecid 1 g orally; or cefotaxime 500 mg IM. Some evidence indicates that cefpodoxime 400 mg and cefuroxime axetil 1 g might be oral alternatives.

Gonorrhea is the second most commonly reported disease in the country. Since 1993, fluoroquinolones (ciprofloxacin, ofloxacin, levofloxacin) have been used frequently to treat gonorrhea because of their high efficacy, ready availability, and convenience as a single-dose oral therapy.

However, prevalence of fluoroquinolone resistance in *Neisseria gonorrhoeae* has been increasing necessitating changes in treatment regimens. Beginning in 2000, fluoroquinolones were no longer recommended for treatment in persons who acquired their infections in Asia or the Pacific Islands; in 2002, this recommendation was extended to California. In 2004, CDC recommended that fluoroquinolones not be used in the U.S. to treat infections in men who have sex with men (MSM).

The *CDC's Sexually Transmitted Diseases Treatment Guidelines, 2006* were updated in April 2007 regarding the treatment of infections caused by *N. gonorrhoeae*. On the basis of the most recent evidence, CDC no longer recommends the use of fluoroquinolones for the treatment of gonococcal infections and associated conditions such as pelvic inflammatory disease (PID) in the U.S.

Only one class of drugs, the cephalosporins, is recommended for the treatment of gonorrhea. Updated treatment regimens are detailed in the accompanying table.

Kim Harrison, MPH CHES
STD Program

For more information:

MMWR Report on Fluoroquinolones
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5614a3.htm

CDC STD Treatment Guidelines, 2006
http://www.cdc.gov/std/treatment/default.htm

CDC no longer recommends the use of fluoroquinolones for the treatment of gonococcal infections and associated conditions such as pelvic inflammatory disease (PID) in the U.S.

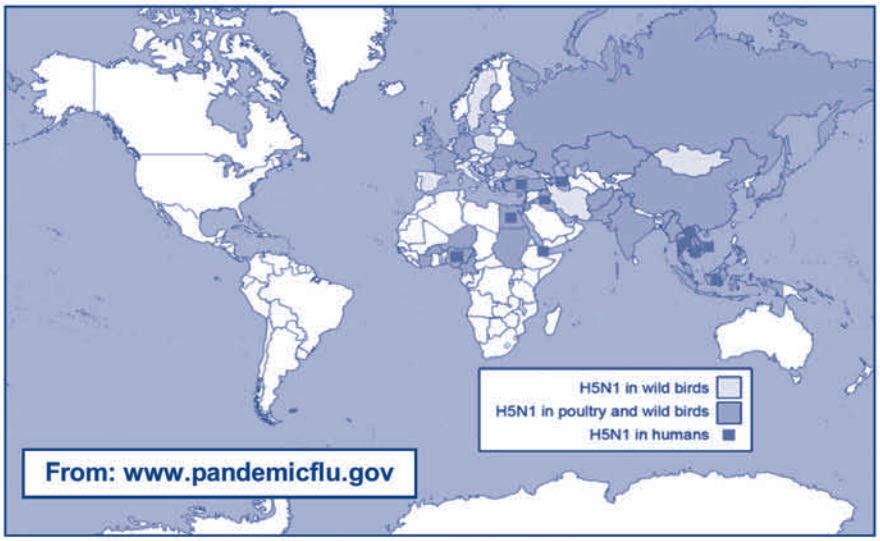
County of Los Angeles Public Health

Pandemic Flu and You

Vol. 1 No. 1 March 2007

Bird Flu Continues to Spread

In recent weeks, bird flu (avian influenza A H5N1) has caused further human cases and poultry outbreaks in more countries—human cases identified in 13 countries, poultry outbreaks in 38 countries. H5N1 continues to be a serious public health concern and a potential cause for a pandemic. The poultry outbreaks which began in mid-2003 have been the largest and most severe on record—never before have so many countries been simultaneously affected.



Frequently Asked Questions

Q: Are we now closer to a flu pandemic?

A: One of the biggest challenges when it comes to pandemic flu is no one knows when the next pandemic will happen or how bad it will be when it does happen. The spread of H5N1 is of concern because it provides more opportunity for the virus to change into a form that can be spread from person-to-person, which can then possibly result in a pandemic. This has NOT yet happened—right now the way people are getting H5N1 is direct contact with infected poultry.

Q: Can you get H5N1 from eating chicken or from bird-related products (feather pillows) or wild birds in the U.S.?

A: No, to all three parts. You cannot get bird flu from eating U.S. poultry; however, proper cooking is essential to avoid getting other common illnesses. Similarly, there is no danger of bird flu-illness from other bird products or US wildlife.

Answers to more frequently asked questions can be found at:
www.who.int/csr/disease/avian_influenza/avian_faqs/en/index.html

Physicians, are you asking your patients about risk factors for H5N1 exposure?

Avian influenza infection should be suspected in your patients with severe respiratory infection and risk factors for exposure, such as recent travel to areas with known H5N1 outbreaks in poultry. Posters are available to to inform your patients and to remind you to ask these important questions by calling Acute Communicable Disease Control (**213-240-7941**).

Is travel restricted due to bird flu?

Currently, there are no travel restrictions due to avian influenza A H5N1. However, travelers to H5N1 affected countries should avoid places that might lead to H5N1exposure such as chicken farms. And upon returning if illness does occur, travelers should notify their doctors about their travel history. Additional information for travelers is available from the CDC (**www.cdc.gov**).

Anything suspicious should be reported immediately to:
Acute Communicable Disease Control
(213) 240-7941

Contact Information: fluwatch@listserv.ladhs.org (213) 240-7941

HAI...Continued from page 1

- Utilize the CDC definitions and methodologies for surveillance of HAI
- For hospitals participating in the California Hospital Assessment and Reporting Task Force (CHART), publicly report HAI measures

By January 1, 2009 hospitals must

- Develop, implement, and periodically evaluate compliance with policies and procedures to prevent surgical site infections
- Develop policies and procedures to implement CDC and Institute for Healthcare Improvement standards and process measures designed to prevent ventilator associated pneumonia
- Be subject to surveys by CDPH Licensing and Certification (L&C) on compliance with new infection control procedures and reporting measures implemented under SB 739.

Additionally, SB 739 requires CDPH to appoint an HAI Advisory Committee to make further recommendations on the use of national guidelines and public reporting measures.

SB 739 documents are at: http://leginfo.ca.gov/pub/05-06/bill/sen/sb_0701-0750/sb_739_bill_20060928_chaptered.html

HICPAC guidelines are at: www.cdc.gov/ncidod/dhqp/hicpac_pubs.html.

Dawn Terashita, MD, MPH
Acute Communicable Disease Control

Reporting Animal Bites

Reporting of animal bites is required under rabies control laws. Animal bites can cause serious injury, bacterial and viral infections, physical and psychological trauma, and even death. As such, it is critical that the public health department obtain an accurate account of all animal bites that occur in our county. Information for reporting animal bites is available by phone 877-747-2243 Rabies Hotline or can be completed in an on-line form through our secure website: www.lapublichealth.org/vet/biteintro.htm .

On-line Survey Request • On-line Survey Request • On-line Survey Request

THE PUBLIC'S HEALTH is published by the Department of Public Health for all licensed physicians within Los Angeles County, other community healthcare providers and interested individuals. The publication provides the latest information from the many programs within the department, including Acute Communicable Disease Control, Environmental Health Services, Injury and Violence Prevention, Immunizations, and Chronic Disease Prevention. Our goal is to keep health professionals abreast of the latest data and information on county health issues.

We have created this survey to learn how our readership regards TPH and as a needs assessment to learn how we can better meet our readers' needs and improve this important news vehicle. The survey can be accessed at https://lacws.co.la.ca.us/dhs/tphsurvey.htm.

Please take a few moments to complete the survey. Your opinion is very important to us. If you need to contact us, please call Louise Garcia (213) 249-8144. If you prefer, you may print out the survey, complete it and mail it back to:

Sheree R. Poitier, MD, Editor in Chief, The Public's Health.
313 N. Figueroa St. Ste. 227. LA, CA, 90012

Guideposts for Disease

Animal disease reporting, like human disease reporting, is required by local, state and federal law. The government's primary interest is to monitor and prevent the spread of communicable diseases. Non-communicable diseases such as botulism are also of concern.

From the practitioner's perspective, disease reporting assists in navigating the ocean of disease. The number of diseases reported however, is not the number of diseases that subsist in a community, but a glimpse. It is estimated that the diseases reported represent 10% or less of those that exist in a community.

From the health department's perspective, reporting disease assists in community surveillance. Once the community is aware of a disease, it is possible to prevent future disease in that community.

Eyes and Ears of the Government

Veterinary practitioners are the eyes and ears of animal health agencies, while physicians are the eyes and ears of the local health officer. Systematic reporting by veterinarians and veterinary laboratories, which may vary by state law, statute, or regulation, continues to provide essential data for assessing animal health in the community.

Horses Alert the Nation to West Nile

When an outbreak of a fatal disease in horses, on Long Island in New York, occurred in 1999, veterinarians suspected they were dealing with something unusual. Over 25% of the horses in an affected herd were dying from a disease with neurological signs. Local newspapers reported the horses had a mystery disease.

Cultures revealed West Nile virus (WNV) in the sick horses. The virus had not been reported in any animals in the Western hemisphere before that time. It was only later, that tests revealed the disease in humans as well. The human patients had been initially diagnosed with St. Louis encephalitis, which cross reacts with WNV on blood tests.

A New York's Bronx zoo veterinarian was concerned when she became aware of a large number of wild birds dying around the zoo, which housed numerous exotic birds. Later, it was learned that die-off of birds, particularly crows, heralded WNV's arrival.

The spread of this mosquito-borne disease across the USA, since its introduction in 1999, has been remarkable. In 1999, there were 25 equine cases in a limited area around New York City. By 2002, there were >15,000 equine cases from 41 states. WNV was reclassified as an endemic disease in late 2002. The reportable disease first appeared in California in 2003.

Horse Disease Deadly, but Preventable

The case fatality rate in horses is generally 30-40% and in horses that progress to complete paralysis of one or more limbs, the mortality rates are ~60-80%. Horses and humans do not appear to develop adequate viral loads to act as a source of the virus for mosquitoes, but birds do.

"California state law requires that any animal disease not known to exist in the U.S., any disease for which a control program exists, or any unexplained increase in the number of diseased animals or deaths must be reported."

Most Reportable Diseases go Unnoticed

Nearly all cases of reportable diseases are never reported because they were not suspected, or the practitioner is not aware of the reporting responsibilities. Yet, reporting disease provides an alert to the community that a health problem exists.

All states require the reporting of certain events or diseases to local public health authorities and as stated above, required reporting does vary substantially by state. California state law requires that any animal disease not known to exist in the U.S., any disease for which a control program exists, or any unexplained increase in the number of diseased animals or deaths must be reported. Any conditions caused by exposure to toxic substances that have, or may have, the potential to be a threat to public health, animal health, or food safety must be reported within 24 hours. Similar ordinances exist for human diseases.

The link between human violence and animal cruelty is well documented. Several states make reporting of animal cruelty mandatory. This is similar to the required reporting of domestic violence by physicians.

Reportable diseases must be reported. Criminal as well as civil consequences can ensue if damages occur because of failure to report.

C. Patrick Ryan, DVM, MPH
Veterinary Public Health and Rabies Control

County codes can be found at http://www.ordlink.com/codes/lacounty/index.htm .

References

Robert A. Bitterman: Chapter 207 - Medicolegal and Risk Management. Marx: *Rosen's Emergency Medicine: Concepts and Clinical Practice*, 6th ed., 2006 pages 3172-73

Babcock SL, Neihsl A: Requirements for mandatory reporting of animal cruelty *Journal of the American Veterinary Medical Association* Sep 2006, Vol. 229, No. 5: pages 685-689.

Leonard C. Marcus: Chapter 177 Public Health Aspects of Small Animal Practice. Ettinger and Feldman *Textbook of Veterinary Internal Medicine* 6th edition 2005 pages 702 – 705

Influenza is NOT a reportable disease in Los Angeles County

Individual cases of seasonal influenza should not be reported to the health department. Exceptions include:

- Outbreaks of suspected influenza or other respiratory illnesses should be reported immediately by phone: Morbidity Unit (888)-397-3993
- Influenza-related pediatric ICU cases and pediatric deaths should be reported by phone as soon as possible.

For questions, contact Acute Communicable Disease Control (213) 240-7941

This Issue...

THE PUBLIC'S HEALTH

Newsletter for Medical Professionals in Los Angeles County

County of Los Angeles
Public Health
313 North Figueroa Street
Los Angeles, CA 90012

Selected Reportable Diseases (Cases)[1] — February/March 2007

Disease	THIS PERIOD February/March 2007	SAME PERIOD LAST YEAR Feb/March 2006	YEAR TO DATE –MARCH		YEAR END TOTALS		
			2007	**2006**	**2006**	**2005**	**2004**
AIDS[1]	260	217	353	338	1,417	1,516	2,210
Amebiasis	14	4	23	18	94	114	114
Campylobacteriosis	104	83	165	153	774	725	884
Chlamydial Infections	6,570	6,705	10,276	10,070	39,900	38,862	38,464
Encephalitis	1	6	1	7	45	57	133
Gonorrhea	1,587	1,787	2,485	2,725	10,452	10,494	9,696
Hepatitis Type A	19	95	24	184	365	480	321
Hepatitis Type B, acute	7	11	9	16	62	57	72
Hepatitis Type C, acute	0	1	0	1	4	3	5
Measles	0	0	0	0	1	0	1
Meningitis, viral/aseptic	29	47	54	73	369	515	807
Meningococcal Infect.	8	6	10	18	46	37	28
Mumps	1	0	2	0	10	10	5
NGU	73	154	131	229	758	1,101	1,470
Pertussis	12	0	18	13	149	438	156
Rubella	0	0	0	0	0	1	0
Salmonellosis	103	90	161	171	1,216	1,085	1,205
Shigellosis	27	34	45	80	521	710	625
Syphilis (prim. and sec.)	121	100	203	174	783	644	470
Syphilis early latent	117	110	169	180	743	570	395
Tuberculosis	57	84	57	84	885	906	930
Typhoid fever, Acute	1	2	4	4	17	12	13

1. Case totals are provisional and may vary following periodic updates of the database.

Los Angeles County Department of Public Health *Please post.*

REPORTABLE DISEASES AND CONDITIONS

Title 17, California Code of Regulations (CCR), § 2500

It is the duty of every healthcare provider, knowing of or in attendance on a case or suspected case of any diseases or conditions listed below, to report to the local health officer for the jurisdiction where the patient resides. "Healthcare provider" encompasses physicians (surgeons, osteopaths, oriental medicine practitioners), veterinarians, podiatrists, physician assistants, registered nurses (nurse practitioners, nurse midwives, school nurses), infection control professionals, medical examiners/coroners, dentists, and chiropractors, as well as any other person with knowledge of a case or suspected case.

Urgency Reporting Requirements

☎ = Report immediately by telephone. ✉ = Report within 1 working day of identification. ⑦ = Report within 7 calendar days from time of identification.

REPORTABLE DISEASES

⑦ Acquired Immune Deficiency Syndrome (AIDS) ■
✉ Amebiasis
☎ Anthrax
☎ Avian Influenza, Human
✉ Babesiosis
☎ Botulism: Infant, Foodborne, or Wound
☎ Brucellosis
✉ Campylobacteriosis
⑦ Chancroid ■
⑦ Chlamydial Infections, including lymphogranuloma venereum (LGV) ■
☎ Cholera
☎ Ciguatera Fish Poisoning
⑦ Coccidiodomycosis
✉ Colorado Tick Fever
✉ Conjunctivitis, Acute Infections of the Newborn, specify etiology
⑦ Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE)
✉ Cryptosporidiosis
⑦ Cysticercosis or Taeniasis
☎ Dengue
☎ Diarrhea of the Newborn, outbreaks only
☎ Diphtheria
☎ Domoic Acid (Amnesic Shellfish) Poisoning
⑦ Ehrlichiosis
✉ Encephalitis, specify etiology: Viral, Bacterial, Fungal, Parasitic
☎ *Escherichia coli*: shiga toxin producing (STEC) including *E. coli* O157
✉ Foodborne Disease:
  ☎ 2 or more cases from separate households with same suspected source
⑦ Giardiasis
⑦ Gonococcal Infections ■
✉ *Haemophilus influenzae*, invasive disease (only report cases less than 15 years of age)
☎ Hantavirus Infections
☎ Hemolytic Uremic Syndrome
☎ Hemorrhagic Fevers, Viral (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses)
✉ Hepatitis A
⑦ Hepatitis B, specify Acute or Chronic
⑦ Hepatitis C, specify Acute or Chronic
⑦ Hepatitis D (Delta)
⑦ Hepatitis, Other/Acute
⑦ Human Immunodeficiency Virus (HIV) ■ (§2641-2643)
⑦ Influenza deaths (Only report cases less than 18 years of age)
⑦ Kawasaki Syndrome (Mucocutaneous Lymph Node Syndrome)
⑦ Legionellosis
⑦ Leprosy (Hansen's Disease)
⑦ Leptospirosis
✉ Listeriosis
⑦ Lyme Disease
✉ Malaria
✉ Measles (Rubeola)
✉ Meningitis, specify etiology: Viral, Bacterial, Fungal, or Parasitic
☎ Meningococcal Infections
⑦ Mumps
☎ Paralytic Shellfish Poisoning
⑦ Pelvic Inflammatory Disease (PID) ■
✉ Pertussis (Whooping Cough)
☎ Plague, Human or Animal
✉ Poliomyelitis, Paralytic
✉ Psittacosis
✉ Q Fever
☎ Rabies, Human or Animal
✉ Relapsing Fever
⑦ Rheumatic Fever, Acute
⑦ Rocky Mountain Spotted Fever
⑦ Rubella (German Measles)
⑦ Rubella Syndrome, Congenital
✉ Salmonellosis (other than Typhoid Fever)
☎ SARS (Severe Acute Respiratory Syndrome)
☎ Scabies (Atypical or Crusted) ★
☎ Scombroid Fish Poisoning
☎ Shiga Toxin (detected in feces)
✉ Shigellosis
☎ Smallpox (Variola)
Streptococcal Infections:
  ☎ Outbreaks of any type
  ✉ Individual case in a food handler
  ✉ Individual case in a dairy worker
  ✉ Invasive Group A Streptococcal Infections including Streptococcal Toxic Shock Syndrome and Necrotizing Fasciitis ★
  (Do not report individual cases of pharyngitis or scarlet fever.)
⑦ *Streptococcus pneumoniae*, Invasive★
✉ Syphilis ■
⑦ Tetanus
⑦ Toxic Shock Syndrome
⑦ Toxoplasmosis
✉ Trichinosis
✉ Tuberculosis ■
☎ Tularemia
✉ Typhoid Fever, cases and carriers
⑦ Typhus Fever
☎ Varicella, Fatal Cases
⑦ Varicella, Hospitalized Cases (do not report cases of herpes zoster or shingles)
✉ *Vibrio* Infections
✉ Water-Associated Disease (e.g., Swimmer's Itch or Hot Tub Rash)
✉ West Nile Virus (WNV) Infection
☎ Yellow Fever
✉ Yersiniosis

☎ **OCCURRENCE OF ANY UNUSUAL DISEASE**

☎ **OUTBREAKS OF ANY DISEASE**
(Including diseases not listed in §2500). Specify if institutional diseases and/or open community.

★ Reportable to the Los Angeles County Department of Public Health.

✚ Bacterial isolates and malarial slides must be forwarded to L.A. County Public Health Laboratory for confirmation. Healthcare providers must still report all such cases separately.

■ For questions regarding the reporting of HIV/AIDS, STDs or TB, contact the respective program:

HIV Epidemiology Program	STD Program	TB Control Program
213-351-8516	213-744-3070	213-744-6271 (for reporting) 213-744-6160 (general)
www.lapublichealth.org/hiv/index.htm	www.lapublichealth.org/std/index.htm	www.lapublichealth.org/tb/index.htm

Non-communicable Diseases or Conditions

⑦ Alzheimer's Disease and Related Conditions (CCR § 2802, § 2806, § 2810)
⑦ Disorders Characterized by Lapses of Consciousness (CCR § 2806, § 2810)
✉ Pesticide-Related Illnesses (Health and Safety Code §105200)

To report a case or outbreak of any disease contact the Communicable Disease Reporting System

(Rev. 7/07)

Tel: 888-397-3993 • Fax: 888-397-3778